PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			21					RATE	FEE	1	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		* /			X\$ 9=		OR	X\$18≃	18
INDEPENDENT CLAIMS			4 mi	inus 3 =	<u>*</u>	·		X43=		OR	X86=	80
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0"			column-2	•	TOTAL		OR	TOTAL	824
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_		(Column 1) CLAIMS	(Colu				i r	0.11.71.2.2.1		1		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	* a	2/	=		X\$ 9=	1	OR	X\$18=	
	Independent	• S	Minus	***	CLAIM	- /		X43=		OR	X86=	7200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							, [+145=		OR	+290=	
								TOTAL	/	OR	TOTAL ADDIT, FEE	700,00
		,	ADDIT. FEE			AUUII. FEE I						
		(Column 1) CLAIMS		(Colum	_	(Column 3)	1 r		4001	1 1		4001
AMENDMENT B		REMÁINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	##	_	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CI 4414	-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	,	HIGHE NUMB PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**.		= .	$\ \ $	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=				
• H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OF ADDIT. FEE ADDIT. FEE ADDIT. FEE												
		ber Previously Paid					er foun	nd in the app	ropriate box	in cot	umn 1.	

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